

REGISTRAR'S OFFICE
420 Broadway
Kingston, NY 12401

APPLICATION TO LOCAL REGISTRAR
FOR COPY OF BIRTH RECORD

FEE: \$10.00 per copy Cash or Money Order

NAME: First Middle Last DATE OF BIRTH:

PLACE OF BIRTH: Hospital

FATHER:

MAIDEN NAME OF MOTHER:

NUMBER OF COPIES:

PURPOSE FOR WHICH RECORD IS REQUESTED:

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceedings
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Ent. Into Armed
<input type="checkbox"/> Employment	<input type="checkbox"/> Sports Registration	<input type="checkbox"/> Forces
<input type="checkbox"/> Other		

APPLICANT INFORMATION

What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, Specify _____

Telephone Number: () _____

If Attorney, give name & relationship of your client to person whose record is required:

Signature of Applicant

Address of Applicant

Name

Relationship

City State Zip Code

Date _____

PLEASE INCLUDE A SELF-ADDRESSED
STAMPED ENVELOPE.

Identification Requirements -- Application *must* be submitted with copies of either A or B:

A. One (1) of the following forms of valid photo-ID:

- Driver license
- Non-Driver Photo-ID Card
- Passport
- Employment ID

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Important Note: Failure to include necessary identification will result in rejection of your application.